| State of California TRAVEL EXPENSE CLAIM See Instructions and Privacy | | | | | | | | | | Page 1 of 1 Pages | | | | | |
|---|------------------------------------|---|----------------------|-------------------|------------------------|--|---|-------------------|---------------------|--|-----------------|---|--|---------------------|--|
| Std. 262 (Rev 10/94) Excel Version(4/01) Statemer Claimant's Name Bob Clark | | | | | | | ton Reverse Side SSN or Employee ID Number (on file) | | | | | Department Office of Real Estate Appraisers | | | |
| Director Ex Residence Address | | | | | CC/ID Number Exempt | | Division or Bureau Executive Office | | | | | | Telephone Number (on file) Zip Code 95811 | | |
| | | | | | | Headquarters Address 1102 Q Street, Suite 4100 | | | | | State CA | | | | |
| (on file) City State | | | | Zip Code | | City Sacramento | | | | | | | | | |
| (on file) | | | | Meals | | Sacia | T | Transportation | | | | | 1 | | |
| Month/Year March, 2009 | | LOCATION | | | Wears | O.T./,L/T N/C, Relo. | Inciden- | | | Carfare | Private Car Use | | Business | Total | |
| Date | Time | Where Expenses Were Incurred | Lodging | Breakfast | Lunch | or Dinner | tals | Cost of Trans. | Type Used | Tolls Parking | Miles | Amount | Expense | Expenses For Day | |
| 3/25/09 | 7:45 AM 3:00 PM | Sacramento to Petaluma (round | trip) | | | | | | PC | | 165 | 90.75 | | 90.75 | |
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| | | | | | | | | | | | | | | | |
| | SUBTOTA | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 165.00 | 90.75 | 0.00 | 90.75 | |
| Column | | g Use Only) | | | | <u> </u> | 1 | | | | | | 1 | 90.75 | |
| CLAIM TOTAL Purpose of Trip, Remarks and Details: (Attach receipts, vouchers when required) | | | | | | | | | | Normal Work Hours | | | | | |
| 3/25/09 - Presentation & continuing education to North Bay Chapter of the Real Estate Appraisers Association in Petaluma. | | | | | | | | | | 8:00 AM - 5:00 PM Private Vehicle License Number | | | | | |
| | | | | | | | | | | | Milea | ge Rate C | (on file) | | |
| | | | | | | | | | | | | 0.55 | | | |
| | | | | | | | | | | | AGE | AGENCY ACCOUNTING OFFICE USE ONLY | | | |
| a privately-ow | med vehicle was u | bove is a true statement of travel expenses incurre | , I certify that the | cost of operating | the vehicle was | equal to or greate | er than the | | | | Paid b | y Revolvir | ng Fund Che | ck Number | |
| | and that I have me nt's signatu | ITE | 5751, 0751, 0/5. | L, 0/03 and 0/34 | Date | saidly and St | | re of Offi | cer Ap _l | proving Tr | avel and | l Payment | Date | | |
| > | | | | | | | > | | | | | | | | |
| Signatu | re and Title | of Authority for Special Expenses | (see item | 17 on revers | se) | | | | | | | | Date | | |